

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 10-22-01.
- b. The request was received on 5-28-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Request for Reconsideration Letter
 - b. HCFAs
 - c. EOB-Reaudit dated 4-2-02
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 7-17-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-17-02. The response from the insurance carrier was received in the Division on 7-31-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Request for Reconsideration Letter, no date:
"The patient insured by your company was provided a service for which you have not yet paid. The rationale given for denial of payment was unwarranted and represents a complete lack of understanding of proper evaluation and management coding."
2. Respondent: Letter dated 7-31-02:

“The requestor billed the carrier for a consultation using CPT Code 99244 for a visit occurring on 10/22/01; however, a review of the notes for the visit indicate that the visit was not a consultation, but evidence of the requestor assuming care for part of the claimant’s care. The requestor’s notes indicate the purpose of the visit was to perform an ‘orthopedic consultation on 10/22/01, at the request of Dr. ____’. ...Accordingly, the carrier denied payment based on the 4/1/96 Medical Fee Guideline and TWCC Rule 133.301 (b) which indicates the carrier may not reimburse the requester for an inappropriate code.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10-22-01.
2. The carrier has denied the dispute service as reflected on the EOB as, “CODE F-N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT’. THE SERVICES PREFORMED [SIC] ARE NOT REIMBURSABLE AS BILLED.”

Reaudit dated 4-2-02, “Services rendered are not reimbursable as billed. Please select the appropriate evaluation and management CPT Code and resubmit billing.”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10-22-01	99244	\$270.00	\$-0-	CODE F,N	\$148.00	MFG; Evaluation /Management Ground Rules (IX) (D) (1); (IX) (A); CPT Descriptor	<p>The Carrier has denied the disputed service as “CODE F-N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT’. THE SERVICES PREFORMED [SIC] ARE NOT REIMBURSABLE AS BILLED”.</p> <p>Documentation supports the code as billed. The three components required for this code are adequately documented. The carrier has failed to support its position that the consultation is representative of a repeat visit.</p> <p>Therefore, reimbursement is recommended in the amount of \$148.00.</p>
Totals		\$270.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$148.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$148.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 31st day of October 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll